

DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Public Health
DPH 44029 (04/05)

STATE OF WISCONSIN

Bureau of Environmental & Occupational Health
Asbestos & Lead Certification Unit
HFS 159/163, Wis. Adm. Code

CREDIT CARD PAYMENT

Notice to Applicant: The credit card information on this form will only be used for the processing of your fee payment. After the credit card transaction has been successfully completed, this form will be shredded.

Certification fees may be paid by Visa or Master Card. Complete the information below and attach this form to your application. (A separate form is required for each application.)

APPLICANT INFORMATION

Applicant's Name (first/last or company): _____

Applicant's DHFS Certification Number: _____ Amount authorized: \$ _____

CREDIT CARD HOLDER INFORMATION

Name, as on the credit card: _____

If corporate credit card, company name: _____

Cardholder Address:

Telephone Number (for questions):

E-mail (Transaction confirmation will be e-mailed):

Credit Card Number: _____ Expiration Date _____

Authorized Credit Card Holder Signature _____ Date _____